

INTERNATIONAL EDUCATION SYSTEM BENART-LONDON INSTITUTE (DEBEL)

SPECIAL LANGUAGE TRAINING 语言学习 (SLT)

P. O. BOX KS 17871, KUMASI-GHANA. TEL: 0500332277/0322499939



ADMISSION FORM

**ADMISSION
CODE**

A2

**ADMISSION
LOCATION**

Fix Passport
Picture here

APPLICATION FOR ADMISSION TO

☐

PART TIME COURSE (PTC)

☐

FULL TIME COURSE (FTC)

ENTRY REQUIREMENTS/ELIGIBILITY

- ☐ Any applicant with or without formal or informal education background. **(Eligibility)**
- ☐ Photocopy of result slip/testimonial/terminal reports.
- ☐ 2-passport size photographs with white background.

**ADMISSION FEE
GH¢**

**INITIAL DEPOSIT
GH¢**

- ☐ Completely filled out admission form.
- ☐ Full payment of admission fee.
- ☐ Any career applicant without any certificate should be 17 years and above.

NB: Any payment made is not refundable.

**COURSE DURATION
学习为期:**

SELECT YOUR TUITION PREFERENCE 选择授课形式:

网授+面授 ☐

面授 ☐

语音 ☐

网授 ☐

SELECT YOUR TRAINING PREFERENCE 选择首选语言:

英语 ☐

法语 ☐

中文 ☐

德语 ☐

西班牙语 ☐

SECTION A: PERSONAL DETAILS 申请人的个人信息

LEVEL:

Full Name (Surname) 申请人姓: Tel/Mobile 手机号:

Other Name(s) 申请人名:

出生日期 国籍 性别 男 ☐ 女 ☐
Date of Birth: **Nationality:** **Gender:** Male ☐ Female ☐

Where born 在哪出生 (District 区, City 城市, Region 省):

Occupation 职业: Your hobbies 你的爱好:

for education background use only

Last Institution Attended 你最后读的学校:

Valid ID number (#): **ID Type:** **Expiry date:**

Residential Address 住址:

Location/Landmark 住址地点:

Email Address 邮箱:

Postal Address 邮寄地址: ☐

Religious Denomination 宗教派别: Christian基督教 ☐ Muslim穆斯林 ☐

Name of Religion 宗教名称: ☐ **Location/Landmark** ☐

Any relative or next of Kin in Kumasi? Yes ☐ No ☐

Full Name: **Tel/Mobile:**

Residential Address: ☐ **MONTHLY GH¢** ☐ **SEMESTER GH¢**

SECTION B: FEE PREFERENCE

SECTION C: STUDENT DECLARATION

I, accept to abide by the rules and regulations of the school and if there is any default(s), I accept the consequences offered by the Institute.

Student's Signature: **ID#:** **Date:**

SECTION D: PARENT/GUARDIAN DECLARATION

Name of Parent/Guardian:

Permanent Address: **Tel/Mobile:**

Occupation: **Email:**

I, accept the responsibility to pay fees and other expenses of my ward(s). I also adhere to the rules and regulations of the school and promised to co-operate with the school authorities on issue concerning my ward.

FOR OFFICE USE ONLY: Management Remarks **Accepted** ☐ **Denied** ☐